

Division of Corporations

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L99000003986

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 922-4003

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

99 JUL - 2 AM 9:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

NADIF OF WYNDHOLME, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$337.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 2

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P.01/04

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Name	OK 17-2
Available	OK
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ARTICLES OF ORGANIZATION
OF
NADIF OF WYNDHOLME, L.L.C.

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DIVISION OF CORPORATIONS
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④

ARTICLE I - Name

The name of the Limited Liability Company is NADIF OF WYNDHOLME, L.L.C. (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is c/o Stuart C. Fisher, Trustee, P.O. Box 311, Palm Beach, Florida 33480.

ARTICLE III - Duration

The Company shall exist for a period of thirty (30) years from the date of filing these Articles of Organization, unless continued by the unanimous consent of all the members or unless sooner dissolved in accordance with Florida law.

ARTICLE IV - Management

The daily, usual course of business of the Company will be managed by its managing member (the "Managing Member"). The Managing Member shall be elected annually by the members in the manner prescribed by and provided for in the Regulations of the Company. The Managing Member shall also hold the office and have responsibilities accorded to him by the members and as set forth in the Regulations of the Company. The members reserve the general management of the Company to themselves, and therefore all decisions outside the usual course of the Company's business will require the consent of a majority of the members. The name and address of the Managing Member who is to serve is as follows:

Stuart C. Fisher, Trustee
P.O. Box 311
Palm Beach, Florida 33480

ARTICLE V - Admission of Additional Members

The right, if given, of the remaining members to admit additional members and the terms and condition of the admissions shall be subject to a vote of all of the existing members and conditioned on the new member's agreement to abide by all existing agreements of the members regarding the conduct of the Company.

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ARTICLE VI - Members Rights to Continue Business

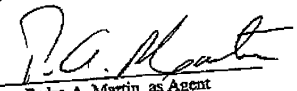
The right, if given, of the remaining members of the Company to continue the business in the event of the termination of the Company due to death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company; the remaining or surviving members may continue in the business of the Company provided that all of the remaining members agree to do so in writing.

ARTICLE VII - Registered Agent and Office

The street address of the Corporation's initial registered office is 1221 Brickell Avenue, Suite 2100, City of Miami, County of Miami-Dade, State of Florida 33131, and the name of its initial registered agent at such office is Pedro A. Martin.

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named the Registered Agent of NADIF OF WYNDHOLME, L.L.C., hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §608.415 or §608.507.


By: Pedro A. Martin, as Agent

Dated: July 1st 1999.

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of NADIF OF WYNDHOLME, L.L.C. deposes and says:

1. the above named Company has at least two members;
2. the total amount of cash contributed by the members is \$1,000.00.
3. if any, the agreed value of property other than cash contributed by members is \$0.
4. the total amount of cash or property anticipated to be contributed by members is \$1,000.00. This amount includes amount from 2 and 3 above.


Signature of a member or authorized representative of a member
Stuart C. Fisher, Trustee

(In accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

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EMPIRE CORPORATE KIT

JUL-01-1999 17:21

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003986			
1. Entity Name NADIF OF WYNDHOLME, L.L.C.			
Principal Place of Business C/O STUART C. FISHER, TRUSTEE P.O. BOX 311 PALM BEACH FL 33480		Mailing Address C/O STUART C. FISHER, TRUSTEE P.O. BOX 311 PALM BEACH FL 33480-0311	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <i>Applied For</i>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, PEDRO A 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete	MGRM FISHER, STUART A TRUSTEE P.O. BOX 311 PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	9000003187689--0 -03/29/00--01005--022 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		DATE: <i>3/8/00</i> Daytime Phone # _____	

FILED *4/3/21*
 00 MAR -8 PM 12:45
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003986			
1. Entity Name NADIF OF WYNDHOLME, L.L.C.			
Principal Place of Business C/O STUART C. FISHER, TRUSTEE P.O. BOX 311 PALM BEACH FL 33480		Mailing Address C/O STUART C. FISHER, TRUSTEE P.O. BOX 311 PALM BEACH FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-2232378		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required \$8.00	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTIN, PEDRO A 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	MGRM FISHER, STUART C TRUSTEE P.O. BOX 311 PALM BEACH FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	500003678935 -02/14/01--01010--009 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of this receiver or authorized representative to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		Date: 1/19/01 Daytime Phone # 561 690-7438	

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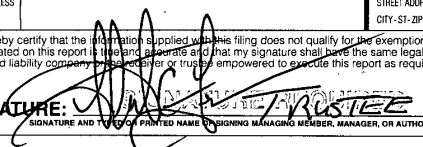
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003986				FILED May 22, 2002 8:00 am Secretary of State 05-22-2002 90068 025 *****50.00	
1. Entity Name NADIF OF WYNDHOLME, L.L.C.					
Principal Place of Business C/O STUART C. FISHER, TRUSTEE P.O. BOX 311 PALM BEACH FL 33480			Mailing Address C/O STUART C. FISHER, TRUSTEE P.O. BOX 311 PALM BEACH FL 33480		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2232373 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MARTIN, PEDRO A 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, STUART C TRUSTEE P.O. BOX 311 PALM BEACH FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company, registered owner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 4/30/02 Daytime Phone: (561) 818-2252		

CR2003 (901)